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CONFIRMATION NO. 9316

SERIAL NUMBER 10/689,550	FILING OR 371(c) DATE 10/21/2003 RULE	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. FISHMAN10A
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/420,038 10/22/2002 *H.S.*

**** FOREIGN APPLICATIONS ********H.S.***IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

01/20/2004

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 6	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> <i>H.S.</i> Examiner's Signature Initials				

ADDRESS

001444

TITLE

A3AR as a marker for a diseased state

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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